

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568998

FILING DATE

19 MAY 2008

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		/	/			
4		/	/			
5		/	/			
6		/	/			
7		/	/			
8		00	/			
9		00	/			
10		00	/			
11		00	/			
12		00	/			
13		00	/			
14	/		/			
15		/	/			
16		/	/			
17		/	/			
18		/	/			
19		/	/			
20		/	/			
21		00	/			
22		00	/			
23		00	/			
24		00	/			
25	/		/			
26		/	/			
27		/	/			
28		/	/			
29		/	/			
30		/	/			
31		/	/			
32		00	/			
33		00	/			
34		00	/			
35		00	/			
36		00	/			
37		00	/			
38		00	/			
39		00	/			
40	/		/			
41		/	/			
42		/	/			
43		/	/			
44		/	/			
45		/	/			
46		/	/			
47		/	/			
48		/	/			
49		00	/			
50		00	/			
TOTAL IND.	of		7			
TOTAL DEP.	149	←	91	←		
TOTAL CLAIMS	156		98			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		00	/			
52	/		/			
53		/	/			
54		00	/			
55		00	/			
56		00	/			
57		00	/			
58		00	/			
59		00	/			
60		00	/			
61		00	/			
62		00	/			
63		00	/			
64		00	/			
65		00	/			
66	/		/			
67		/	/			
68		/	/			
69		/	/			
70		/	/			
71		/	/			
72		/	/			
73		00	/			
74		00	/			
75		00	/			
76		00	/			
77		00	/			
78		00	/			
79		00	/			
80		00	/			
81		00	/			
82		00	/			
83	/		/			
84		/	/			
85		/	/			
86		/	/			
87		/	/			
88		00	/			
89		00	/			
90		00	/			
91		00	/			
92		00	/			
93		00	/			
94		00	/			
95		00	/			
96		00	/			
97		00	/			
98		00	/			
99		00	/			
100		00	/			
TOTAL IND.			↓			↓
TOTAL DEP.			←			←
TOTAL CLAIMS						